PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10/764562 Application or Docket Number 2450-0627,0

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OE.	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			<				Г	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=					XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =					X43=		OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT	<u></u>				+145=		OR	+290=	
• If the difference in column 1 is less than zero.					"0" in c	olumn 2	_	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - (Column 1)					PART II (Column 2) (Column 3)			SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	٠		= /		XS 9=		OR	X\$18=	
AMEN	Indepen dent	. /	Minus	***	/ /	=		X43=	-	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L_ AC	TOTAL DIT. FEE		OR	TOTAL ADDIT FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)						
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	•	Minus	W W				XS 9=		OR	X\$18=	Ì
ME	Inaependent	•	Minus	***		=		X43=		OR	X86=	
4	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		J -	+145=		OR	+290=	
							AD.	TOTAL DIT. FEE	·	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	•	Minus	**		='		X\$ 9=		OR	X\$18=	
AMENDMENT	Indep ndent	•	Minus	ei.		=		X43=		OR	X86=	
`	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			145=		OR	+290≈	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT. FEE ADDIT. FEE												
***	the "Highest Nu	mber Previously Paid ther Previously Paid	id For IN THIS	S SPACE is	less than	n 3, enter "3."			ropriate box			